FCC For	m 481 - Carrier Annual Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0 July 2013	9986/OMB Control No. 3060-0819
<010>	Study Area Code	542301			
<015>	Study Area Name	CALAVERAS TEL CO			
<020>	Program Year	2015			
<030>	Contact Name: Person USAC should contact with questions about this data	Rose Cullen			
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2097852211 ext.238			
<039>	Contact Email Address: Email of the person identified in data line <030>	rose.cullen@caltel.com			
ANNUA	L REPORTING FOR ALL CARRIERS				54.313 54.422 Completion Completion Required Required
<100×	Service Quality Improvement Reporting				(check box when complete) ✓
			mplete attached work mplete attached work	2	4 4
<210>	Outage Reporting (voice)	outages to report	приете отпоснео могк	ес. <i>)</i>	1 1111111
<300>	Unfulfilled Service Requests (voice)			_	
<310>	Detail on Attempts (voice)			(attach descriptive doc	cument)
					1
<320>	Unfulfilled Service Requests (broadband)			٦.	1
<330>	Detail on Attempts (broadband)			(attach descriptive de	ocument)
<400>	Number of Complaints per 1,000 customers (voice)				
<410>	Fixed 1.0831				/ II /
<420>	Mobile				
<430> <440>	Number of Complaints per 1,000 customers (broads	pand)			
<450>	Mobile 0.0				N 200
<500>	Service Quality Standards & Consumer Protection R 54.313 (a) (5) Certification	ules Compliance (ch	heck to indicate certifi	ication)	1 1
<510>		į	(attached descriptive	document)	1 1
<600>	Functionality in Emergency Situations 54.313 (a) (6) Certification	(ch	heck to indicate certifi	ication)	/
		fatte	ached descriptive doc	ument)	1 1
<610>					
<700>	Company Price Offerings (voice)	(co	mplete attached wor	ksheet)	
<710>	Company Price Offerings (broadband)	(co	mplete attached wor.	ksheet)	
	Operating Companies and Affiliates	2000	mplete attached wor		
	Tribal Land Offerings (Y/N)? Voice Services Rate Comparability	188	implete attached wor heck to indicate certifi	1000 1000	4
11000	54.313 (a) (10) Certification		een to manute berry		
<1010>	,	(at	ttach descriptive doca	ument)	1
<1100>	Terrestrial Backhaul (Y/N)?	(if not, c	heck to indicate certij	fication)	1
<1110> <1200>	Terms and Condition for Lifeline Customers		omplete attached wor omplete attached wor		
	Price Cap Carriers, Proceed to Price Cap Additional		53		
	Including Rate-of-Return Carriers affiliated with Pri	THE THIRD AT ADMINISTRATION AND ADMINISTRATION	10		
<2000> <2005>	-	(ch	eck to indicate certifi		
~2003>	Rate of Return Carriers, Proceed to ROR Additional	and the second of the second	mplete attached worl L	sarieet)	
<3000>		ace	= neck to indicate certifi	cation)	
<3005>		(cor	mplete attached worl	isheet)	

	ervice Quality Improvement Reporting Mection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-08 July 2013	119
<010>	Study Area Code	542301		
<015>	Study Area Name	CALAVERAS TEL CO		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Rose Cullen		
<035>	Contact Telephone Number - Number of person identified in data line <030>	2097852211 ext.238		
<039>	Contact Email Address - Email Address of person identified in data line <030>	rose.cullen@caltel.com		
<110>	Has your company received its ETC certification from the FCC? If your answer to Une <110> is yes, do you have an existing \$54.202(a) "5	(yes / no) O		
<111>	year plan" filed with the FCC?	(yes / no)		
<112>	If your answer to Line <1.11> is yes, then you are required to file a progress report, on line <1.12> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	FCC 54.313 (a) (1)		
	Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document	
<113>	Maps detailing progress towards meeting plan targets			
<114>	Report how much universal service (USF) support was received			
<115>	How (USF) was used to improve service quality			
<115>	How (USF)was used to improve service coverage			
<117>	How (USF) was used to improve service capacity			
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.			

(200) Service Outage Reporting (Volce)	FCC Form 481
Data Collection Form	OMB Control No. 3050-0985/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	542301
<015>	Study Area Name	CALAVERAS TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Rose Cullen
<035>	Contact Telephone Number - Number of person identified in data line <030>	2097852211 ext.238
20205	Contact Email Address - Email Address of narron Identified in data line 40205	more mullengasitel com

220>	<5>	<b1></b1>	<b2></b2>	<b3></b3>	<04>	<c1></c1>	<<2>	⋖₽	<e></e>	➾	<₽>	₫ 1>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date		Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Old This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
3												
								2	70 (j.) 20 (j.)	3		
5 5 5 5												
								ý.				
5									2 2			

(700) Price Offerings Including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	542301
<015>	Study Area Name	CALAVERAS TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Rose Cullen
<035>	Contact Telephone Number - Number of person identified in data line <030>	2097852211 ext.238
<039>	Contact Email Address - Email Address of person Identified in data line <030>	rose.cullanscaltel.com

Residential Local Service Charge Effective Dete
 Single State-wide Residential Local Service Charge

<a1></a1>	<a>2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<0>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
			S		1000		W.91	
	1							
				1				
	-							
			3			52		
				_ See at	tached worksheet			
	16					5:1		
	1							

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	542301
<015>	Study Area Name	CALAVERAS TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Rose Cullen
<035>	Contact Telephone Number - Number of person identified in data line <030>	2097852211 ext.238
<039>	Contact Email Address - Email Address of person identified in data line <030>	rose_cullen@cultel.com

1>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<o></o>	<d1></d1>	< 6 2>	<d3></d3>	<d4></d4>
L	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usege Allowence (GB)	Usage Allowance Action Taken When Limit Reached (select)
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E									
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\vdash									
		K						×	

800) Operating Co	mpenies			FCC Form 481
Data Collection Form				OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Are	a Code			
<015> Study Are	name	CALAVERAS TE	L CO	
<020> Program	ear ear	2015		
<030> Contact N	ame - Person USAC should contact regarding this data	Rose Cullan		
<035> Contact T	elephone Number - Number of person identified in data line <0:	00> 2097852211 e	xt.238	
<039> Contact E	nall Address - Email Address of person identified in data line <0	30> rose.cullens	caltel.com	
<810> Reporting	Carrier Calaveras Telephone Company			
<811> Holding C				
	Company Calaveras Telephone Company			
<813>	<a1></a1>		<a2></a2>	<a3></a3>
***************************************	Affiliates		SAC	Doing Business As Company or Brand Designation
		See att	ached worksh	eet
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0				
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			-	
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3				
7				
7				
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-			-	

900) Tril	bal Lands Reporting		FCC Form 481	
ata Coll	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0 July 2013	819
			July 2013	
<010>	Study Area Code		542301	
<015>	Study Area Name		CALAVERAS TEL CO	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding this data		Rose Cullan	
<035>	Contact Telephone Number - Number of person identified in data line		2097852211 ext.238	
<039>	Contact Email Address - Email Address of person identified in data line	<030>	ross.cullen@caltel.com	
<910>	Tribal Land(s) on which ETC Serves			
<920>	Tribal Government Engagement Obligation		Name of Attached Document	
	company serves Tribal lands, please select (Yes,No, NA) for each these boxes			
	rm the status described on the attached document(s), on line 920,	Colo	lect 1	
	strates coordination with the Tribal government pursuant to	(Yes,	740 A 1900	
9 54.31.	3(a)(9) Includes:	1.000	A)	
<921>	Needs assessment and deployment planning with a focus on Tribal		-	
	community anchor institutions.			
<922>	Feasibility and sustainability planning;			
<923>	Marketing services in a culturally sensitive manner;			
<924>	Compliance with Rights of way processes			
<925>	Compliance with Land Use permitting requirements			
<926>	Compilance with Facilities Siting rules			
<927>	Compliance with Environmental Review processes		_	
<928>	Compliance with Cultural Preservation review processes		—	
<929>	Compliance with Tribal Business and Licensing requirements.		\dashv	

	o Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	542301
<015>	Study Area Name	CALAVERAS TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Rose Cullan
<035>	Contact Telephone Number - Number of person identified in data line <030>	2097852211 ext.238
<039>	Contact Email Address - Email Address of person identified in data line <030>	rose.cullen@caltel.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Ifeline	rms and Condition for Lifeline Customers ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		542301	
<015>	Study Area Name		CALAVERAS TEL CO	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding this data		Rosa Cullan	
<035>	Contact Telephone Number - Number of person identified in data	line <030>	2097852211 axt.238	
<039>	Contact Email Address - Email Address of person identified in data	Ilne <030>	rose.cullen#caltel.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		SCHA23_334.pdf	
<1220>	Link to Public Website	HTTP :	http://www.caltelconnect.com/tel	Name of Attached Document
or the we	neck these boxes below to confirm that the attached document(s), on line bsite listed, on line 1220, contains the required information pursuant to a)(2) annual reporting for ETCs receiving low-income support, carriers managed eport:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	V		
<1222>	Details on the number of minutes provided as part of the plan,	1		
<1223>	Additional charges for toll calls, and rates for each such plan.			

(2000) P	rice Cap Carrier Additional Documentation	FCC Form 481	
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-081
including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code	542301	
<015>	Study Area Name	CALAVERAS TEL CO	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Rose Cullen	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2097852211 ext.238	
<039>	Contact Email Address - Email Address of person identified in data line <030>	rose.gullen@caltel.com	
CHECK t	he boxes below to note compliance as a recipient of incremental Connect Amer support as set forth in 47 CFR § 54.3.3(b),(c),(d),		-ligh Cost support to offset access charge reductions, and Connect America Phase II the documents attached below is accurate.
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))		
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))		
	Price Cap Carrier Receiving Frozen Support Cartification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		=
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
~2013	Zozo and retails Protein Support Settlineasion		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband		
	5.5.:		
	Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification		1 ─1
<2018>	5th year Broadband Service Certification		
<2019>	Interim Progress Certification		
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providi preceding calendar year.	shall provide the number, names, and	on
		l	
<2021>	Interim Progress Community Anchor Institutions	I	
VIII. 1994	and the second s		
		l	
		ı	l l

(3000) Ra	ts Of Return Carrier Additional Documentation		FCC Form 481
Data Coll	action Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code	542301	
<015>	Study Area Name	CALAVERAS TEL CO	
<020>	Program Year	2015	
<090>	Contact Name - Person USAC should contact regarding this data	Rose Cullen	
<035>	Contact Telephone Number - Number of person Identified in data line <030>	2097852211 ext.238	
<099>	Contact Email Address - Email Address of person identified in data line <030>	rose.cullen@caltel.com	
CUREY	he boxes below to note compilance on its five year service quality plan (pursuan	a to 42 CPS E Ed 1894all and the submission hald company assession as	and the state of t
CHECK D		t to 47 CPR 9 3-22/2013 and, for presently seed carriers, ensuring of a information reported on this form and in the documents attache	
	Cut & acceptibility I immin county near my	a milorination reported on this testivalist in the documents attacks	na partora la accomana.
		1	
		1	
(3D10)	Progress Report on 5 Year Plan	1	
	Milestone Certification (47 CFR § 54.313(f)(1)(f)		
		Name of Attached Document Listing Required informati	ton
25 500	Please check this box to confirm that the attached document(s), on line 3	012 contains the required information pursuant to	
	§ 54.313 (f)(1)(I), the carrier shall provide the number, names, and addre		
	providing access to broadband service in the preceding calendar year.		_
/2013)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(8))		
facts	Community Archive indutions (47 cm 2 34.315(i)(1)(1))		
		Name of Attached Document Listing Required Information	
Innert		(Yas/No)	
	is your company a Privately Held ROR Cerrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	(Yes/No)	(
(anta)	if yes, does your company file the KOS arinual report	(seption) [
Please	check these boxes to confirm that the attached document(s), on line 3017	, contains the required information pursuant to § 54.319(f)(2)	compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for		177
15 0365	Telecommunications Borrowers)		453
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Car	sh Flows	
	10.2 X	Calaveras Telephone Co RUS Operating Report	rt YR2013.pdf
Inneret			
(anty)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		
	report and an required documentation		
		Name of Attached Document Listing Required Information	
/20100	With a service to an are the 2014 to serve as a service of the 5	(Yes/No)	Y ()
fantol	If the response is no on line 3014, is your company audited?	firsted C	AL.
	If the response is yet on line 3018, please check the boxes below to		
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		<u>v </u>
(BD19)	Either a copy of their audited financial statement; or (2) a financial report. In a fo	rmat comparable to RUS Operating Report for Telecommunications	
	Description of the Police of Physics I have a property of the Police of	re-	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Co		<u>—</u>
(3021)	Management letter issued by the independent certified public eccountant. that p	performed the company's financial audit.	
	If the response is no on line 3018, please check the house below		N
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		
	contains:		
(3022)	Copy of their financial statement which has been subject to review by an		
footag	independent certified public accountant; or 2) a financial report in a		
	format comparable to RUS Operating Report for Telecommunications		
	BOTTOWEIS,		_
(3023)	Underlying information subjected to a review by an independent certified		
1	public accountant		
(9024)	Underlying information subjected to an officer certification.		
(3025)	Document(e) for Balanca Sheet, Income Statement and Statement of Ca	ah Flows	
	4949		
	(2) 1979/21 (2) 20 20 20 20 12/16/16 20		1
(3026)	Attach the worksheet listing required information		1
	₩ ₩		1
	9 	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	542301
<015>	Study Area Name	CALAVERAS TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Rose Cullen
<035>	Contact Telephone Number - Number of person Identified in data line <030>	2097852211 ext.238
<039>	Contact Email Address - Email Address of person identified in data line <030>	rose.cullen@caltel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: CALAVERAS TEL CO

Signature of Authorized Officer: CERTIFIED ONLINE Date

Printed name of Authorized Officer: James Tower

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 2097852211 ext.

Study Area Code of Reporting Carrier: 542301 Filing Due Date for this form: 07/01/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form	· ·	CC Form 481 DMB Control No. 3060-0986/OMB Control No. 3060-0819 uly 2013
<010>	Study Area Code	542301	
<015>	Study Area Name	CALAVERAS TEL CO	
<020>	Program Year	2015	
<030>	Contact Name - Person LISAC should contact regarding this data	Pose Culler	

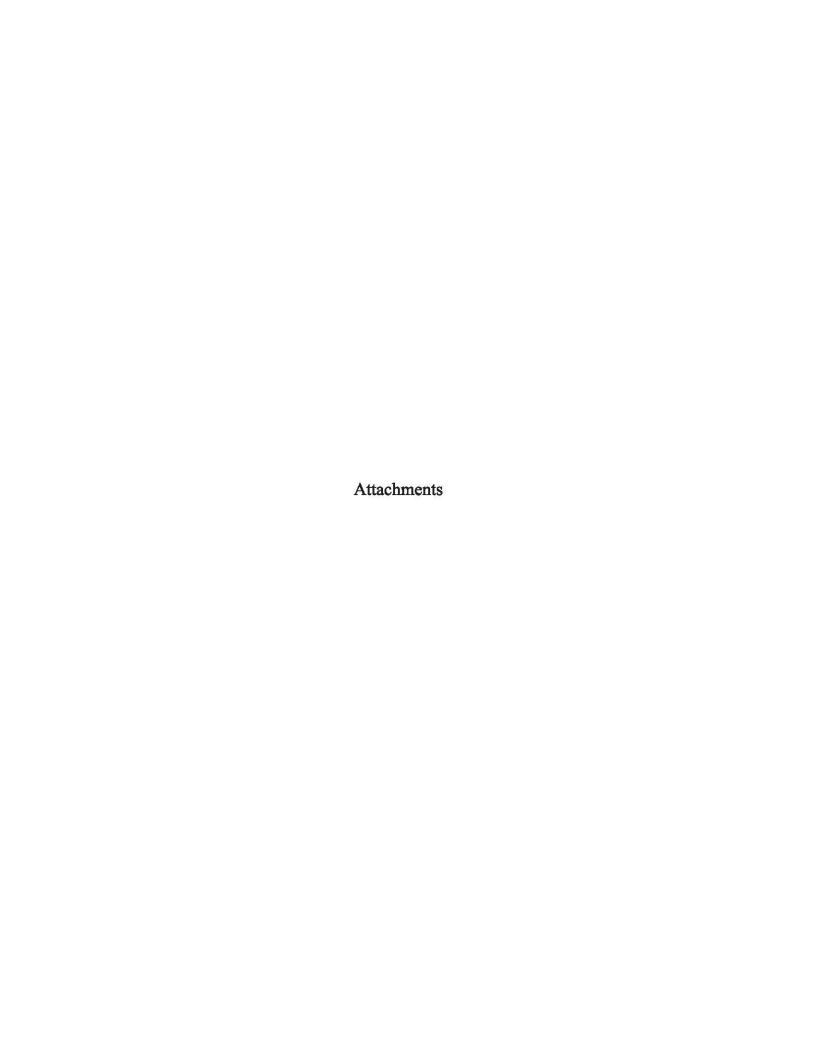
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<035> Contact Telephone Number - Number of person Identified In data line <030> 2097852211 ext.238
<039> Contact Email Address - Email Address of person Identified in data line <030> rose.cullen@caltel.com

certify that (Name of Agent)				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.					
Name of Reporting Carrier:					
Name of Authorized Agent or Employee of Agent:					
Signature of Authorized Agent or Employee of Agent: Date:					
Printed name of Authorized Agent or Employee of Agent:					
Title or position of Authorized Agent or Employee of Agent					
Telephone number of Authorized Agent or Employee of A	ıt:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this for	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



(700) Price Offerings Including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	542301
<015>	Study Area Name	CALAVERAS TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ross Cullen
<035>	Contact Telephone Number - Number of person identified in data line <030>	2097852211 ext.238
<039>	Contact Email Address - Email Address of person identified in data line <030>	rose.cullen#caltel.com

 <701>
 Residential Local Service Charge Effective Date
 1/1/2014

 <702>
 Single State-wide Residential Local Service Charge

<703>

<a1></a1>	@2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<bs></bs>	< 0
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
CA	Copperopolis		PR	20.25	0.0	0.39	0.0	20.64
CA	Jenny Lind		PR	20.25	0.0	0.41	0.95	21.61
		2						
	2							

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0985/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	542301
<015>	Study Area Name	CALAVERAS TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Rose Cullen
<035>	Contact Telephone Number - Number of person identified in data line <030>	2097852211 ext.238
<039>	Contact Email Address - Email Address of person identified in data line <030>	rose.cullenecaltel.com

<82> <711> <81> <b1> <b2> <d1> Usage Allowance Broadband Service Download Speed (Mbps) Total Rates Broadband Service Usage Allowance State Regulated Fees Exchange (ILEC) Action Taken State -Upload Speed (Mbps) (GB) and Fees Rate When Limit Reached (select) Copperopolie Other, N/A 49.95 CA 0.0 49.95 3.0 512.0 Other, N/A Copperopolis 0.0 768.0 69.95 69.95 6.0 0.0 Other, N/A Copperopolis 10.0 CA 99.95 99.95 3.0 0.0 0.0 Copperopolie CA 0.0 119.95 0.0 119.95 20.0 5.0 Other, N/A Copperopolis 169.95 0.0 169.95 50.0 25.0 0.0

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		542301
<015>	Study Area Name		CALAVERAS TEL CO
<020>	Program Year		2015
<030>	Contact Name - Person U	SAC should contact regarding this data	Rose Cullen
<035>	Contact Telephone Numi	per - Number of person identified in data line <030>	2097852211 ext.238
<039>	Contact Email Address - E	mall Address of person identified in data line <030>	rose.cullenScaltel.com
<810>	Reporting Carrier	Calaveras Telephone Company	
<811>	Holding Company	Calaveras Communications Company	
<812>	Operating Company	Calaveras Telephone Company	

13>	<=1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
CalTel	Connections		CalTel Connections
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